

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2022 AUG -5 AM 9:37

Benjiman Holmes

Filing number 202010130396869

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

COMPLAINT

The City of New York

NAICA Bronx Park Ave 3339 Park

Avenue and D.H.S. 33 Beaver

St. New York, New York 10004

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

Do you want a jury trial?

☐ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☒ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

My constitutional rights have been
Violated. This facility violated me by having
Someone jump on me, I am a cardiac. They
have also did numerous of other things

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Benjamin Holmes, is a citizen of the State of
(Plaintiff's name)

New York State
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Anthony Acosta D.H.S., is a citizen of the State of
(Defendant's name)

3339 Park Ave Bronx, NY D.H.S 33 Beaver st
or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of

USA Corporation Naica D.H.S.

If the defendant is a corporation:

The defendant, Naica + D.H.S., is incorporated under the laws of

the State of Bronx, NY, New York, NY D.H.S

and has its principal place of business in the State of New York

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in Bronx, New York + New York, NY

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

Benjamin Holmes
First Name Middle Initial Last Name

600 East 179th Street Apt 218
Street Address

Bronx, NY NY 10457
County, City State Zip Code

347-830-5529 Benmark 646@gmail.com
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Anthony

Acosta

First Name

Last Name

Bronx, Park Naica (Director D.H.s)

Current Job Title (or other identifying information)

3339 Park Avenue

Current Work Address (or other address where defendant may be served)

Bronx

NY

10456

County, City

State

Zip Code

Defendant 2:

DHS

First Name

Last Name

33 Beaver Street

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

NY, NY

NY

10004

County, City

State

Zip Code

Defendant 3:

The City of New York

First Name

Last Name

Current Job Title (or other identifying information)

City Hall Park, Broadway

Current Work Address (or other address where defendant may be served)

NY, NY

NY

10007

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: 3339 Park Avenue

Date(s) of occurrence: Multiple Occasions

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Multiple times I've been jumped and I believe Anthony Acosta is behind it. Acosta has broken into my locker taking 65\$ worth of food. He has held my medication from me knowing that I am a cardiac. I've had ~~pe~~ people attack me harming me. DHS has failed to put me in a protective location and have held me for 15 years from getting an apartment. My last incident I was jump by some one in this place they call the police on me and I was victim. Had me lock up I had to go to Hospital to be treated for trauma. This happened on December 23 2021

The City was charged wrongful Arrest. ~~But~~ but NAMEA Bronx Park Ave 3339 Park Avenue and Department of Homeless Service. This business no this was wrong full Arrest and I am seeking Compensation for this wrong full Arrest because I was hurt in the process. I was treated for trauma in the Hospital. This attack could have fatal and kill me - because I am a Cardiac patient I can not be pushed to the ground and hit in the head.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I've been to the hospital for head trauma due to people hitting me.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Money damages I want the court to order is 9 million dollars, this place has almost killed me.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 5-2022
Dated

Benjamin Holmes
Plaintiff's Signature

Benjamin

Holmes

First Name

Middle Initial

Last Name

600 East 17th Street
Street Address

Bruno

NM

10457

County, City

State

Zip Code

347-930-5529

Benmaek646@gmail.com
Email Address (if available)

Telephone Number

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.